



LOS ANGELES ACADEMY OF ARTS & ENTERPRISE

Board of Directors
Moctesuma Esparza
Tonantzin Esparza
Hector Orcí
Norma Orcí
Eduardo Prado
Otto Padrón
Victoriano Rodriguez

UNIFORM COMPLAINT PROCEDURE FORM

Last Name: _____ First Name/MI: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

Street Address/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Location of Alleged Violation: _____

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | |
|--|--|
| <input type="checkbox"/> After School Education and Safety (ASES) | <input type="checkbox"/> Local Control Funding Formula (LCFF)/Local Control Accountability Plan (LCAP) |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Every Student Succeeds Act (ESSA) |
| <input type="checkbox"/> Career Technical Education and Training | <input type="checkbox"/> School Safety Plans |
| <input type="checkbox"/> Foster and Homeless Youth Services | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Title IX |
| <input type="checkbox"/> Discrimination, Harassment, Intimidation, and/or Bullying | |

For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:

- | | | |
|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived) |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity | |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Religion | |



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1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to whom did you take the complaint, and what was the result?

3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. Yes No

Signature: _____ Date: _____

Mail complaint and any relevant documents to:

Amy Frame, Ed.D.
Principal, Los Angeles Academy of Arts and Enterprise
1200 W. Colton Street, Room 3-320
Los Angeles, CA 90039
Phone: (213) 487-0600
aframe@laaae.org